

Review of changes to the budget portion of the BDDS WebTool

July 1, 2007 State Line Conversion Project

As presented in trainings to the BDDS SLI provider agencies, August and September 2007

Budget Types

There are different types of budgets available, depending upon the needs of the individual. Full descriptions can be found in the *Guidelines For Expenses And Cost*. It is the responsibility of the chosen provider agency(s) to ensure a budget is established that is compliant with the individual's ISP. Some of the changes to the Budget types in this release of the WebTool include:

Community Supports

- There are now three Community Supports budgets:
 - Community Supports:Full
 - Community Supports:Sheltered Employment, and
 - Community Supports:SEFA.

Residential Supports

- RLA and Behavioral Supports are now budget types of their own.
- Adult Foster Care, Child Foster Care, and Adult Day Services are now services only available on a Treatment Placement budget type

Caregiver Supports

Caregiver Supports budgets are now created as 12-month budgets, and are automatically set at the maximum amount as per the service definition.

The Budget life-cycle

Budgets are no longer submitted by providers to the BDDS offices. If supports are needed for an individual, the BDDS Business Operations Staff will generate either a New or Renewal budget to the WebTool for the appropriate provider.

New Budgets

A new budget shell would be requested when an individual does not have a budget of the type necessary to properly support the individual, for example:

- the individual has never been supported with State Line funds, or
- the individual was once funded by State Line, became self-sufficient, and is again requiring State Line assistance, or
- the individual requires a State Line budget TYPE that they have not previously required, or
- the individual has experienced a major change in circumstances that requires a significant alteration to a currently active budget

In order to request a new budget shell, the Provider must contact the local BDDS office and discuss the situation with the Service Coordinator. The Service Coordinator must be made aware of and agree with the need for such a budget for the individual.

The Service Coordinator must gather from the individual's ISP and IST the information needed by the Business Operations staff for budget creation and ensure that the DART file is updated and accurate. After updating the DART system, the Service Coordinator must submit a State Line Budget Request (SLBR) form to the Business Operations staff. The SLBR form must be completed and all applicable DART fields updated in order to generate a new budget or budget shell for the provider's online review.

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When Business Operations has completed the creation and posting of the budget shell, an email will be sent to the Service Coordinator that submitted the SLBR form, notifying them of its completion and a Case Activity will be added to the DART record.

The “budget shell” is made available on the DDRS WebTool for the assigned provider to log in and review. Once the provider has the budget shell for review, the budget will follow the approval path appropriate to the budget's type:

Residential Services Community Supports: Full Community Supports: Sheltered Employment Nursing Facility Emergency Supports Behavioral Supports	The budget is sent to the Provider's WebTool page as a blank shell. The provider is then asked to document the individuals' needs in the Budget Notes area of the tool.
Treatment Placement Behavioral Supports Caregiver Supports Community Supports: SEFA	The budget is sent to the Provider's WebTool page with an established amount, set ahead of time by the Business Operations unit.
Residential Living Allowance (RLA)	The budget is sent to the Provider's WebTool page as a blank shell. The provider is then asked to complete the Residential Living Allowance worksheet to determine the individual's RLA needs.

Renewal budgets

In order to prevent loss of continuous State Line funded supports for an individual, renewal budgets or renewal budget shells are created by the Business Operations staff prior to the expiration date of the current active budgets.

Approximately forty-five (45) days prior to the expiration of budget type, a budget of the same type is made available on the DDRS WebTool for the assigned provider to log in and review. The budget is created using the same dollar amounts available on the previous budget of the same type.

When the expiring budget is an Emergency Supports, Behavior Supports, Treatment Placement budget, the Business Operations staff will review the individual's file and, *if the need has continued*, a budget of the same type is made available on the DDRS WebTool for the assigned provider to log in and review. The budget is created using the amounts pre-approved by the BDDS and the provider.

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July 1, 2007 State Line Conversion Project

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The provider has the right to Request a Change in the previously set amount. The Service Coordinator may be requested by the Business Operations staff to assist in reviews of information submitted by the provider

If the expiring budget is an RLA budget, a blank RLA budget shell is again given to the provider to complete.

Requests for Information/Request for Change

When a services budget is awaiting an action from a provider, the Provider is able to enter a request for change or additional information in the Budget Notes box available on their WebTool. When the provider submits the budget, these notes are available for review in the Budget Tracking notes in DART.

To respond to the provider or to request more information from the provider, the reviewer must use the Request for Information section of the DART budget tool. The information typed in this area will copy over to the Budget Tracking area of the DART budget and will be published to the provider through the Budget Notes on the WebTool.

If the budget is approved and is active, the Provider must contact the Service Coordinator who will discuss the situation with the Provider and determine whether or not a new budget is required.

Interruptions and Errors

If there is an error in a budget, the provider must contact the Service Coordinator who will discuss the situation with the Provider and determine whether or not a correction must be made to the system.

- If a budget is still in review and an error is discovered, the provider can request that a budget be returned to their WebTool for alteration. This can be done through the RFI process for RLA budgets, or through an Error Report if the budget is for services.
- If a budget has been approved and an error is discovered, a new budget will have to be initiated that will replace the incorrect budget.
- If a budget has been approved but is no longer necessary for the support of the individual, the Service Coordinator can cancel the active budget.
- If a budget is in review, but is not necessary for the support of the individual, the Provider should communicate this to the BDDS either through the Request for Change process or through direct communication with the Service Coordinator. The budget will be Terminated.

Budget Approval Paths

The budget or budget shell is created and placed on the responsible Provider agency's Webtool page by the BDDS Business Operations staff at least 45 days prior to the start of the budget. The Provider's budget staff must log into the system and review and or complete the budget or budget shell. Once out of the Provider's arena, the budgets follow different approval paths and processes depending upon the supports that are being funded for the individual.

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July 1, 2007 State Line Conversion Project

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1. **Service budgets**

Service budgets are published to the Provider with an estimated amount deemed appropriate by the BDDS Business Operations staff. In this manner, the budgets are considered to be "pre-approved" by the BDDS at the suggested dollar amount.

- **Requesting a change:**

If the amount suggested by the BDDS is not sufficient for the agency to maintain the individual's health and safety while ensuring the maximum community integration for the individual for the duration of the budget, the provider is responsible for explaining the reasons for which the budget is not acceptable, including:

- A full description of the services and supports necessary
- A description of any plan to share or combine services and supports with other individuals
- The estimated amount required by the provider to support the individual for the duration of the budget

This information should be entered into the Budget Notes section of the services budget. The provider must then confirm that the ISP has been completed for this individual (if determined necessary by the budget type) and select the "Request Change" option. The budget can then be submitted back to the BDDS for review via the "submit" button.

BDDS Business Operations staff will review the information provided by the Provider and also the information stored in the individual's BDDS case file. The Business Operation staff will respond to the Provider in the Budget Notes section of the budget with either additional questions or with an amended budget amount.

- **Accepting as entered:**

If the amount suggested by the BDDS (either at budget creation or after amendment due to a Request for Change) is sufficient, the provider must confirm that the ISP has been completed for this individual (if determined necessary by the budget type) and select the "Accept as Entered" option. When this budget is then submitted to the BDDS via the "submit" button, the budget is automatically fully approved.

2. **RLA budgets**

RLA budgets are published to the Provider as a blank budget shell. The Provider is required to complete the RLA worksheets and submit the budget for review. The RLA budget is then reviewed by the Service Coordinator, who has the option to

- **Request further Information**

The budget is unacceptable to the Service Coordinator, based on the facts of the individual's case and the current policies and procedures of the BDDS, or is otherwise unclear or missing necessary information. When a budget is placed in RFI status, it is returned to the provider's website in the "RLAs to be Completed"

Review of changes to the budget portion of the BDDS WebTool

July 1, 2007 State Line Conversion Project

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section. The provider must review and alter the budget as appropriate, then resubmit it to the BDDS for another review.

- Deny the budget

The budget is unacceptable and *cannot* be altered to be compliant with the facts of the individual's case and/or the current policies and procedures of the BDDS.

- Accept the budget

The budget is acceptable to the Service Coordinator, based on the facts of the individual's case and the current policies and procedures of the BDDS.

Once a budget is accepted by the Service Coordinator, it is passed to the BDDS Business Operations staff for final review. BDDS Business Operations staff will review the information provided by the Provider and also the information stored in the individual's BDDS case file. The Business Operation staff has the option to

- Request further Information

The budget is unacceptable to the Business Operation staff, based on the facts of the individual's case and the current policies and procedures of the BDDS, or is otherwise unclear or missing necessary information. When a budget is placed in RFI status, it is returned either to the Service Coordinator or to the provider's website in the "RLAs to be Completed" section. The provider must review and alter the budget as appropriate, then resubmit it to the BDDS for another review.

- Deny the budget

The budget is unacceptable and *cannot* be altered to be compliant with the current policies and procedures of the BDDS.

- Verify the budget

The budget is compliant with the facts of the individual's case and the current policies and procedures of the BDDS.

Once a budget is Verified by the Business Operation staff, the budget is fully approved.

Conversion of Budgets

Any budget that was approved with an end date past June 30, 2007 was CANCELLED as of June 30, 2007. A new budget was created that was the appropriate budget type (based on the services being funded). The start date of the new budget was 07-01-2007, and the end date was the end date of the old budget.

- 1) Residential Services Budget (RSVS)

The billing for residential services for service months 07/06 through 03/07 was added together and then the average monthly billed amount calculated. The billing amounts that were within 40% of the average ("in range") was added together and a new average calculated. The new average was multiplied by 12 months, and then increased by 3.5%. This new "annualized amount" was rounded up and divided by 12 to reach a new monthly amount. That monthly amount was multiplied by the duration of the post-conversion budget.

- 2) Residential Living Allowance Budget (RLA)

The monthly amount of the RLA of the budget that was cancelled was used as the

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July 1, 2007 State Line Conversion Project

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monthly RLA amount of the post-conversion budget.

3) Community Supports Budget: Full (CS:Full)

The billing for Community Supports services for service months 07/06 through 03/07 was added together and then the average monthly billed amount calculated. The billing amounts that were within 40% of the average ("in range") was added together and a new average calculated. The new average was multiplied by 12 months, and then increased by 3.5%. This new "annualized amount" was rounded up and divided by 12 to reach a new monthly amount. That monthly amount was multiplied by the duration of the post-conversion budget.

4) Community Supports Budget: SEFA (CS:SEFA)

Budgets with SEFA as the only service were automatically created with a maximum amount of \$4,500. \$4,500 is the annual SEFA cap, per the BDDS Service Definitions.

5) Community Supports Budget: Sheltered Employment (CS:SE)

Budgets with Community-Based or Facility Based-Sheltered Employment as the only service were automatically created with the amount of \$1,200.

6) Nursing Facility Budget (NF)

The billing for Nursing Facility services for service months 07/06 through 03/07 was added together and then the average monthly billed amount calculated. The billing amounts that were within 40% of the average ("in range") was added together and a new average calculated. The new average was multiplied by 12 months, and then increased by 3.5%. This new "annualized amount" was rounded up and divided by 12 to reach a new monthly amount. That monthly amount was multiplied by the duration of the post-conversion budget.

7) Caregiver Supports budget (CGS)

If an individual had an approved budget for Caregiver Supports between 07/01/2006 and 06/30/2007, a new Caregiver Supports budget was created for them at the maximum amount possible, per the service definition, for a 12 months duration.

The remaining budget types were reviewed and renewed on an individual basis or through the creation of blank budget shells. Blank budget shells and budgets that included service dollars were published online to the Provider for review and acceptance.